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Nos. 84-325 and 84-356

IN THE

Supreme Court of the United States

OCTOBER TERM, 1983

METROPOLITAN LIFE INSURANCE COMPANY,
Appellant

v.

COMMONWEALTH OF MASSACHUSETTS

THE TRAVELERS INSURANCE COMPANY,
Appellant

v.

COMMONWEALTH OF MASSACHUSETTS

ON APPEALS FROM THE SUPREME JUDICIAL COURT FOR THE COMMONWEALTH OF MASSACHUSETTS

BRIEF AMICUS CURIAE OF HEALTH INSURANCE ASSOCIATION OF AMERICA IN SUPPORT OF JURISDICTIONAL STATEMENTS

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BRIEF AMICUS CURIAE OF HEALTH INSURANCE ASSOCIATION OF AMERICA IN SUPPORT OF JURISDICTIONAL STATEMENTS

INTEREST OF AMICUS CURIAE

Health Insurance Association of America ("HIAA"), a Delaware nonprofit corporation, is an association of 327 private insurance companies, including the Appellants, Metropolitan Life Insurance Company and The Travelers Insurance Company. HIAA's member companies write over 85% of the health insurance policies written by private insurance companies in the United States and provide health insurance coverage to approximately 108

million people in the United States. See Source Book of Health Insurance Data 1982-83 at 13-20, Health Insurance Association of America. Approximately 85% of these people are covered under group health insurance policies, a substantial majority of which provide health insurance coverage to employee benefit plans that are regulated by the Employee Retirement Income Security Act of 1974 ("ERISA"), 29 U.S.C. §§ 1001 *et seq.*

HIAA and its member companies are vitally interested in these appeals because they will resolve an issue that has perplexed the health insurance industry since the enactment of ERISA — namely, whether state mandated health benefit laws are enforceable against plans governed by ERISA.

A mandated health benefit law is one that requires a health insurance policy to provide coverage for a particular health care service. For example, Section 47B of Massachusetts General Laws Chapter 175 ("Section 47B") requires that all health insurance policies provide certain minimum benefits to Massachusetts residents for expenses arising from the treatment of mental or nervous conditions.[1] Mandated health benefit laws, like Section 47B, are

[1] Mandated health benefit laws, such as Section 47B, are the most obtrusive of a variety of state laws that attempt to affect the health benefits provided by employee benefit plans. Mandated health benefit laws, like Section 47B require that a policy include certain benefits, so that if the plan elects to purchase any coverage, it must purchase the mandated coverage. Another kind of state law requires that the insurance company make available certain benefits to anyone who wishes the coverage, but does not require that the coverage be purchased. Some state laws, like Section 47B, require that certain types of treatment be covered irrespective of the provider whose services are utilized. Others require that the services of certain classes of providers be covered — for example, the services of podiatrists or chiropractors or social workers. Some, like Section 47B, apply to all forms of health insurance policies. Others apply only to group or only to individual health

intended to dictate the benefits to be included in group health insurance policies and, therefore, are intended to have a direct impact on plans governed by ERISA.

As stated in greater detail below, HIAA and its member companies have consistently opposed the enactment of state mandated health benefit laws on the grounds that these laws restrict design flexibility, inhibit uniformity in benefit packages, increase costs to employers and employees and promote self-funding of benefit plans.

The importance of these appeals to HIAA and its member companies goes far beyond the particular state law in question; for these appeals may well determine the validity not only of Section 47B, but of other state mandated health benefit laws that are intended to apply to group health insurance policies issued to plans governed by ERISA.

Because much private health insurance is sold to employee benefit plans governed by ERISA, because state mandated health benefit laws undermine the ability of insurance companies and employee benefit plans to provide plan members needed coverage at a reasonable cost and because this Court's decision will have far-reaching effects, these appeals are of substantial interest and importance to HIAA and its member companies.

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insurance policies. Some apply only to policies that provide reimbursement for expenses actually incurred while others apply as well to those policies that pay fixed sums of money regardless of the actual treatment expenses incurred. Some, like Section 47B, are applicable to all residents of the enacting state. Others are limited to policies issued or delivered in the enacting state. The Appendices to this Brief attempt to provide a generalized state-by-state summary of these laws, together with an indication of the category into which each law falls along the continuum of state laws that attempt to affect the health benefits provided by employee benefit plans.

For the reasons stated below, HIAA and its member companies submit that the Supreme Judicial Court for the Commonwealth of Massachusetts was wrong in holding that Section 47B is not preempted by ERISA. Accordingly, HIAA, as the national trade association of the private health insurance industry, files this Brief Amicus Curiae in Support of the Jurisdictional Statements filed by the Appellants. Consent to the filing of this Brief has been obtained from counsel for the Appellants and the Appellee.

SUMMARY OF ARGUMENT

This Court has never addressed the question of whether ERISA preempts a state mandated health benefit law that is intended to apply to group health insurance policies issued to employee benefit plans governed by ERISA. These appeals pose this question in the context of the enforceability of Section 47B against employee benefit plans insured by policies issued by the Appellants.

It is undisputed that a state mandated health benefit law, such as Section 47B, which is intended to dictate particular benefits provided by an employee benefit plan *relates* to an employee benefit plan and, therefore, comes within the scope of Section 514(a) of ERISA, 29 U.S.C. § 1144(a), which preempts any state law insofar as it relates to an employee benefit plan governed by ERISA. The issue posed by these appeals is whether Section 47B is *saved* from preemption by Section 514(b)(2)(A) of ERISA, 29 U.S.C. § 1144(b)(2)(A), because it accomplishes its purpose through the plan's health insurance policy.

HIAA submits that Section 47B, like other state mandated health benefit laws, is not intended to regulate insurance. A state mandated health benefit law is intended to promote the utilization of particular health care services and is enacted, not for the protection of the insureds, but for the benefit of the consumer and provider

of those health care services for which coverage is required. This Court's most recent decisions on the breadth of the ERISA preemption and the narrowness of the exceptions to that preemption dictate the conclusion that a state mandated health benefit law is not a law that regulates insurance within the meaning of Section 514(b)(2)(A) of ERISA, 29 U.S.C. § 1144(b)(2)(A) and, therefore, may not be enforced against an employee benefit plan governed by ERISA.

ARGUMENT

HIAA asks the Court to note probable jurisdiction in order to reverse the decision below.

1.

Twenty-six states have enacted mandated health benefit laws, covering a wide range of health care services. Half of these have enacted laws, similar to Section 47B, requiring health insurance coverage for the treatment of mental and nervous disorders. One reason for the widespread appearance of state mandated health benefit laws for the treatment of mental and nervous disorders has been the devoted pursuit of this objective by organizations of mental health care providers, most notably psychiatrists, psychologists, psychotherapists and social workers.

The purpose of state mandated health benefit laws is to make the services of particular health care providers more accessible to the consumers of these services by shifting the payment obligation away from the consumer to a third party, typically the employer.[2] This increases the util-

[2] Even though the insurance policy provides the benefits and the insurance company either pays the provider or reimburses the consumer, it is the employer that typically bears the payment obligation through the payment of insurance premiums. Premiums for most group coverage are based on prior claims experience. Therefore, what is paid by the insurance company in claims is ultimately paid by the employer in premiums.

ization of the health care services for which benefits are mandated and virtually guarantees that the provider of the services will be paid a reasonable fee for services rendered. It is little wonder that in state after state health care providers have been the principal, and in many instances the only, advocates of mandated health benefit laws.

HIAA and its member companies have consistently opposed the enactment of mandated health benefit laws for the following reasons:[3]

1. *State mandated health benefit laws erode the ability of insurance companies to tailor health benefit packages to meet the needs of particular employee benefit plans and to market group health insurance policies to large employee benefit plans on a national basis.* A cost-effective package of health benefits requires both *flexibility* and *uniformity* — that is, flexibility to design a program that meets the objectives of the plan and uniformity that permits each employee, regardless of the state in which he works or lives, to receive the same benefits and to bear the same costs for these benefits as other members of the plan. State mandated health benefit laws frustrate these design requirements. As a result of state mandated health benefit laws, employers and unions are forced to purchase coverages that they neither want nor need. Not only does this unnecessarily increase the cost of insurance for employee benefit plans, it also reduces the number of dollars available to these plans for other, more desired benefits. Moreover, if a mandated health benefit law is

[3] See, generally, Robert E. Younger, "Mandated Insurance Coverage — the Achilles Heel of State Regulation?" XXIV Association of Life Insurance Counsel Proceedings 765-82 (1978); Arnold E. Buchman, "Extraterritorial Application of State Mandated Group Health Benefits" 15 The Forum 880-88 (1980), for a discussion of the detrimental effects of state mandated health benefit laws on group health insurance.

drafted so that it applies to all residents of the state regardless of whether the group policy itself was issued or delivered in the state,[4] uniformity of benefits is impossible, for the benefits provided by the group policy must conform not only to the statutory requirements of the state in which the policy was issued and delivered but also, with respect to any insured living in the state which enacted the mandated health benefit law, to the requirements of that law. This not only introduces administrative complexity, which increases the cost of providing health insurance to the plan, but also results in inequities among plan members inasmuch as some members receive greater benefits than others simply by reason of the state in which they live.

2. *State mandated health benefit laws are a major contributor to the rapidly escalating cost of health insurance for employee benefit plans.* Conservative estimates place the cost of mandated benefits at approximately 10% of the policy premium. Others in the industry believe that a more realistic estimate would place the cost of mandated benefits closer to 20% of the policy premium. Mandated health benefit laws contribute to increased costs for several reasons. First, the policy becomes more complicated and, therefore, more costly to administer. These administrative costs are "dead dollars" in that they do not result in increased policy benefits. Second, the policy becomes more expensive because it carries coverages that

[4] Such laws are generically referred to as "extraterritorial". Because group insurance policies are traditionally governed by the laws of the jurisdiction in which they are issued and delivered rather than the laws of the jurisdiction in which each insured lives or works, *Boseman v. Connecticut General Life Insurance Co.*, 301 U.S. 196 (1937), state laws are said to have extraterritorial application when they are intended to affect policies issued and delivered in other jurisdictions. Because Section 47B applies to all group policies, regardless of the state of issuance and delivery, to the extent such policies insure Massachusetts residents, Section 47B is extraterritorial.

the plan was forced by law to purchase. Third, the policy becomes more expensive because the underlying health care costs increase as a result of increased, but often unnecessary, utilization of the services for which coverage is mandated.

3. *State mandated health benefit laws promote self-insurance.* Coverages that are required by state law but unwanted by the insurance purchaser increase the likelihood that a purchaser will choose to buy *no* health insurance at all rather than bear the cost of unwanted coverages. Employers and unions have done precisely this in order to avoid the impact of state mandated health benefit laws. Rather than purchasing insurance for their employee benefit plans, many employers and unions have elected to fund the benefits themselves. Ironically, ERISA has promoted this trend toward self-funding because states have not been permitted by federal law to require *uninsured* employee benefit plans to provide particular health benefits.[5] When an employer or union chooses *not*

[5] The deemer clause of Section 514(b)(2)(B) of ERISA, 29 U.S.C. § 1144(b)(2)(B) prohibits states from using the savings clause of Section 514(b)(2)(A) of ERISA, 29 U.S.C. § 1144(b)(2)(A), to regulate employee benefit plans by treating such plans as insurers, banks, trust companies or investment companies. Courts have consistently interpreted and applied the deemer clause to prohibit state regulation of uninsured plans. *Dawson v. Whaland,* 529 F. Supp. 626 (D. N.H. 1982); *General Split Corporation v. Mitchell,* 523 F. Supp. 427 (E.D. Wisc. 1981); *St. Paul Electrical Workers Welfare Fund v. Markman,* 490 F. Supp. 931 (D. Minn. 1980); *Hewlett-Packard Company v. Barnes,* 425 F. Supp. 1294 (N.D. Cal. 1977); *aff'd per curiam,* 571 F.2d 502 (9th Cir. 1978). Indeed, one of the major ironies of this case is that if state mandated health benefit laws were to be held to be preserved by the savings clause of Section 514(b)(2)(A) of ERISA, 29 U.S.C. § 1144(b)(2)(A) with respect to *insured* plans, employers and unions would be encouraged to reject insurance and to provide uninsured plans to employees and union members, thereby freeing themselves from mandated health benefit laws by means of the deemer clause of Section 514(b)(2)(B) of ERISA, 29 U.S.C. § 1144(b)(2)(B). Because the

to purchase health insurance for its employee benefit plans, employees and union members suffer because uninsured health benefits are inherently less secure. State insurance laws and regulations protect against insurance company insolvency. No similar protections are available to assure that the assets of an uninsured plan will be sufficient to pay benefits to plan members.

Moreover, because of the self-funding option, mandated health benefit laws tend to create an artificial distinction between large and small employee benefit plans, a distinction never intended or contemplated by Congress. Large plans are likely to have the financial resources to self-fund and to avoid compliance with the state mandated health benefit laws. Small plans, by contrast, are likely to be compelled by their smaller financial resources either to purchase insurance and submit to state mandated health benefit laws or to join uninsured multiple employer trusts which, as a class, have been plagued historically by financial instability.

HIAA submits that, as a matter of sound public policy, employers and unions should *not* be forced to choose between submitting to costly and restrictive state mandated health benefit laws or leaving the health benefits of their employee benefit plans uninsured. HIAA further submits that this sound public policy is reflected in ERISA and that, as a matter of *federal law,* employee benefit plans may *not* be required by state law to provide mandated health benefits, irrespective of whether these plans are insured or uninsured.

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benefits of an uninsured plan are less secure than those of an insured plan, this result is in conflict with the stated purpose of ERISA "to protect . . . the interests of participants in employee benefits plans and their beneficiaries. . . ." 29 U.S.C. § 1001.

2.

In enacting ERISA, Congress did *not* intend to save from preemption state laws, such as Section 47B, which require *insured* employee benefit plans to provide certain health benefits.

This Court has previously held that ERISA's preemption of state law is to be construed broadly and that the specific exceptions to that preemption are to be construed narrowly, *Shaw v. Delta Air Lines, Inc.*, 103 S. Ct. 2890 (1983); *Alessi v. Raybestos-Manhattan, Inc.*, 451 U.S. 504 (1981). However, this Court has not before had the opportunity to construe or apply the exception in Section 514(b)(2)(A) of ERISA, 29 U.S.C. § 1144(b)(2)(A), which saves from preemption "any law of any State which regulates insurance. . . ."

A number of appellate courts have addressed the relationship of a state mandated health benefit law and ERISA. *Attorney General v. The Travelers Insurance Company*, 391 Mass. 730, 463 N.E.2d 548 (1984); *Insurance Commissioner v. Metropolitan Life Insurance Company*, 296 Md. 334, 463 A.2d 793 (1983); *Wadsworth v. Whaland*, 562 F.2d 70 (1st Cir. 1977). Not one, however, has engaged in a serious analysis of whether a state mandated health benefit law is one that regulates insurance within the meaning of Section 514(b)(2)(A) of ERISA, 29 U.S.C. § 1144(b)(2)(A).[6]

[6] Not coincidentally, the one appellate court that did engage in such an analysis concluded that the state mandated health benefit law in question did *not* regulate insurance within the meaning of Section 514(b)(2)(A) of ERISA, 29 U.S.C. § 1144(b)(2)(A), and held the state law unenforceable against a group health insurance policy issued to an employee benefit plan governed by ERISA. *Metropolitan Life Insurance Company v. Insurance Commissioner*, 51 Md. App. 122, 441 A.2d 1098 (1982), *rev'd* 296 Md. 334, 463 A.2d 793 (1983).

The question posed by these appeals is far more complex than a reading of the opinions cited above might lead one to believe. It is not enough simply to assume, as these courts have, that, because a mandated health benefit law is found in the state insurance code, it is a law that regulates insurance.[7] The issue posed by the instant appeals is not whether a state mandated health benefit law *affects* insurance policies but whether it is a law that *regulates* insurance within the meaning of Section 514(b)(2)(A) of ERISA, 29 U.S.C. § 1144(b)(2)(A). This is an issue of *federal law* that is simply too important to be left to state courts that are not constitutionally empowered to resolve it in an authoritative manner. Because this issue affects scores of state laws throughout the nation and potentially every employee benefit plan governed by ERISA, it demands a final and definitive resolution by this Court.

3.

Other than emphasizing the narrowness of the exceptions to the sweeping preemption of Section 514(a) of ERISA, 29 U.S.C. § 1144(a), the legislative history of ERISA does not indicate Congress' view on what types of state laws it deemed to regulate insurance. Logically, one may presume that Congress was concerned with not casting the net of preemption over legitimate, traditional state insurance regulation which might incidentally interact with employee benefit plans but not have a substantive effect on the plans, directly or indirectly.

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[7] See, *e.g.*, *Stone & Webster Engineering Corporation v. Ilsley*, 518 F. Supp. 1297, 1299 n.2 (D. Conn. 1981), aff'd 690 F.2d 323 (2nd Cir. 1982) in which the court held that a state law requiring employer contributions to an employee fund providing life and health insurance benefits was not a law regulating insurance but rather a law aimed at *employers* and, as such, was preempted by ERISA.

Mandated health benefit laws clearly do not fall within the scope of traditional state insurance regulation and clearly do have a direct substantive effect on employee benefit plans.

The primary and traditional purpose of state insurance regulation is to protect the *insured* from the *insurer* in matters dealing with the cost and reliability of coverage (including the solvency of insurance companies) and the fairness of underwriting decisions and marketing practices. As the U.S. District Court for the District of Kansas, in distinguishing an employee benefit plan preempted from state regulation by ERISA from a non-ERISA plan subject to state regulation, stated, the traditional purposes of insurance regulation are:

> "first to avoid overreaching by insurers; second, to assure solidity and solvency of insurers; third, to assure that rating classifications and rates are reasonable and fair."

Bell v. Employee Security Benefit Association, 437 F. Supp. 382, 391 (D. Kan. 1977), quoting with approval from Note, *Insurance Regulation — Employee Benefit Plans,* 28 Ark. L. Rev. 515, 517-18 (1975). Mandated health benefit laws do not address any of these traditional concerns of insurance regulation, but instead address concerns of health-care utilization and reimbursement. Consequently, such laws do not regulate insurance within the meaning of Section 514(b)(2)(A) of ERISA, 29 U.S.C. § 1144(b)(2)(A).

Whatever Massachusetts' interest may be in mandating health benefits to protect the interests of health-care providers and consumers, it may not elevate this state interest above *federal* regulation of employee benefit plans unless it can establish that this interest falls within one of the narrow exceptions to the preemption of Section 514(a) of ERISA, 29 U.S.C. § 1144(a). This it has not done, and given the nature of Section 47B, this it cannot do.

To the extent that Section 47B relates to the benefits provided by employee benefit plans regulated by ERISA, federal law must prevail over state law, and the determination of the benefit mix to be provided by such plans must be allowed to proceed under the protection of federal regulation and the collective bargaining process,[8] unfettered by a state law, the clear purpose of which is *not* to regulate insurance at all but rather to use the financial resources of insurance companies, employers, unions and employee benefit plans to promote the increased utilization of certain health care services and, not incidentally, to protect the financial interests of certain classes of health care providers.

[8] By intruding on the collective bargaining process through which many of the benefits provided under employee benefit plans are determined, mandated health benefit laws also unreasonably interfere with collective bargaining as protected under federal labor law. *Cf. Alessi v. Raybestos-Manhattan, Inc., supra,* 451 U.S. at 525-26, in which this Court observed that where pension plans "emerge from collective bargaining, the additional federal interest in precluding state interference with labor-management negotiations calls for preemption of state efforts to regulate pension terms. [Citations omitted.] As a subject of collective bargaining, pension terms themselves become expressions of federal law, requiring preemption of intrusive state law." By analogy, to the extent the benefit mix in an employee benefit plan is subject to collective bargaining, the state's attempt to interfere with this process by enacting mandated health benefit laws contravenes federal labor policy. The jurisdictional statement of the Appellant The Travelers Insurance Company, to which statement HIAA subscribes completely, addresses this aspect of these appeals in detail.

CONCLUSION

For the reasons stated, probable jurisdiction should be noted.

Respectfully submitted,

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APPENDICES

APPENDIX I

State Laws Affecting Group Health Insurance Coverage

(By State)

	Treatment Coverage[2]		*Provider Coverage*[3]	
	Must Be Included in Group Policies[1]	*Must Be Offered to Group Purchasers*	*Must Be Included in Group Policies*	*Must Be Offered to Group Purchasers*
Alabama	2	1	4	
Alaska			2	
Arizona	3		6	
Arkansas			6	
California	2	5	13	
Colorado	2	1	6	
Connecticut	5	1	1	
Delaware			3	
Florida		3	5	1
Georgia		3	3	
Hawaii			2	
Idaho	1		2	
Illinois	3	1	6	1
Indiana			5	
Iowa				
Kansas		3	4	1
Kentucky		2	4	1
Louisiana		3	6	
Maine	2		3	2
Maryland	4	3	8	
Massachusetts	2		3	
Michigan	3		5	
Minnesota	4		7	
Mississippi	1		5	
Missouri	1	2	6	
Montana	3	1	8	
Nebraska			6	
Nevada	4		3	
New Hampshire	1			
New Jersey	3		4	
New Mexico		2	4	
New York	2	3	6	1
North Carolina			5	

2a

	Treatment Coverage[2]		*Provider Coverage*[3]	
	Must Be Included in Group Policies[1]	*Must Be Offered to Group Purchasers*	*Must Be Included in Group Policies*	*Must Be Offered to Group Purchasers*
North Dakota	3			1
Ohio	3		6	
Oklahoma			3	
Oregon	4		5	
Pennsylvania			5	
Rhode Island	1		2	
South Carolina			2	1
South Dakota		1	5	
Tennessee		3	5	
Texas		2	7	
Utah		1	1	
Vermont		2		
Virginia	2	2	7	1
Washington	2		6	
West Virginia		3	6	
Wisconsin	6		2	
Wyoming			1	
Total	69	48	214	10

[1] Mandated health benefit laws, as that term is used in the text.

[2] Coverage for treatment of a particular illness or disorder or for a particular type of care. See Appendix IIA.

[3] Coverage for services rendered by a particular type of health care provider. See Appendix IIB.

APPENDIX IIA

State Laws Affecting Group Health Insurance Coverage For the Treatment of a Particular Illness or Disorder Or for a Particular Type of Care

	Coverage Must Be Included in Group Policies[1]	*Coverage Must Be Offered to Group Purchasers*	*Total*
Alcoholism	19	13	32
Mental Illness	13	12	25
Drug Abuse	8	7	15
Home Health Care	6	7	13
Mastectomy	7		7
Pregnancy Complications	3		3
Outpatient Care	1	2	3
Nursing Home	1	1	2
Birth Defects	2		2
Kidney Disease	2		2
Emergency	2		2
Rape	2		2
Sickle Cell	1		1
Prenatal Diagnosis		1	1
Diabetic Education		1	1
Rehabilitation		1	1
Occupational Therapy	1		1
Nursery Care		1	1
Hospice Care		1	1
Reconstructive Surgery	1		1
Speech and Hearing		1	1
Total	69	48	117

[1] Mandated health benefit laws, as that term is used in the text.

APPENDIX IIB

State Laws Affecting Group Health Insurance Coverage for Services Rendered by a Particular Type of Health Care Provider

	Coverage Must Be Included in Group Policies	*Coverage Must Be Offered to Group Purchasers*	*Total*
Optometrist	37	2	39
Chiropractor	30	5	35
Dentist	33		33
Podiatrist	30		30
Psychologist	28		28
Osteopath	10		10
Social Worker	6	3	9
Specialized Facilities	9		9
Nurse Midwife	6		6
Registered Nurse	4		4
Nurse Practitioner	3		3
Pharmacist	2		2
Chiropodist	2		2
Physical Therapist	2		2
Audiologist	2		2
Speech Pathologist	2		2
Optician	2		2
Nurse Specialist	1		1
Denturist	1		1
Oral Surgeon	1		1
Counselor	1		1
Occupational Therapist	1		1
Psychiatric Nurse	1		1
Total	214	10	224

APPENDIX III

State Laws Affecting Group Health Insurance Coverage
(By Statute)

Statutory Citation	*Type of Treatment*	*Type of Provider*	*Must Be Included*	*Offered*
Alabama (Ala. Code)				
§ 27-1-10		Chiropractor	x	
§ 27-1-11		Dentist	x	
§ 27-1-15		Podiatrist	x	
§ 27-1-18	Mental Illness		x	
§ 27-5-13	Sickle-cell		x	
§ 27-19-39		Optometrist	x	
§ 27-20A-1	Alcoholism			x
Alaska (Alaska Stat.)				
§ 21.42.355		Nurse Midwife	x	
§ 21.89.040		Optometrist	x	
Arizona (Ariz. Rev. Stat. Ann.)				
§ 20-1402	Home Health Care		x	
§ 20-1402	Outpatient		x	
§ 20-1406		Optometrist	x	
§ 20-1406		Psychiatric Hospital	x	
§ 20-1406		Podiatrist	x	
§ 20-1406		Dentist	x	
§ 20-1406.01		Psychologist	x	
§ 20-1406.01		Chiropractor	x	
§ 20-1402	Mastectomy		x	
Arkansas (Ark. Stat. Ann.)				
§ 66-3212.2		Optometrist	x	
§ 66-3212.4		Podiatrist	x	
§ 66-3212.6		Psychologist	x	
§ 66-3212.8		Dentist	x	
§ 66-3212.9		Outpatient Surgery Center	x	
§ 66-3212.11		Outpatient Psychiatric Center	x	

Statutory Citation	*Type of Treatment*	*Type of Provider*	*Must Be Included*	*Must Be Offered*
California (Cal. Ins. Code. (West))				
§ 10119.5	Pregnancy Complications		x	
§ 10123.6	Alcoholism			x
§ 10123.8	Mastectomy		x	
§ 10123.9	Prenatal Diagnosis		x	
§ 10123.10	Home Health Care			x
§ 10125	Mental Illness			x
§ 10176		Psychologist	x	
§ 10176		Social Worker	x	
§ 10176		Counselor	x	
§ 10176		Speech Pathologist	x	
§ 10176		Audiologist	x	
§ 10176		Registered Nurse	x	
§ 10176		Chiropractor	x	
§ 10176		Dentist	x	
§ 10176		Podiatrist	x	
§ 10176		Optician	x	
§ 10176		Optometrist	x	
§ 10176		Occupational Therapist	x	
§ 10176.2		Physical Therapist	x	
§ 10176.6	Diabetic Education			x
Colorado (Col. Rev. Stat.)				
§ 10-8-103		Osteopath	x	
§ 10-8-103		Dentist		
§ 10-8-103		Optometrist	x	
§ 10-8-103		Psychologist	x	
§ 10-8-103		Chiropractor	x	
§ 10-8-103		Podiatrist	x	
§ 10-8-116	Mental Illness		x	
§ 10-8-122	Pregnancy Complications		x	
§ 10-8-301	Alcoholism			x
Connecticut (Conn. Gen. Stat. Ann. (West))				
§ 38-174d	Mental Illness		x	

Statutory Citation	*Type of Treatment*	*Type of Provider*	*Must Be Included*	*Be Offered*
§ 38-174h		Dentist	x	
§ 38-174i	Accidental Ingestion of Drugs		x	
§ 38-174k	Home Health Care		x	
§ 38-174p	Rehabilitation			x
§ 38-174q	Occupational Therapy		x	
§ 38-262b	Alcoholism		x	
Delaware (Del. Code Ann.)				
24 § 511		Podiatrist	x	
24 § 717		Chiropractor	x	
24 § 2101		Optometrist	x	
Florida (Fla. Stat. Ann. (West))				
§ 627.419		Dentist	x	
§ 627.419		Optometrist	x	
§ 627.419		Podiatrist	x	
§ 627.419		Chiropractor		x
§ 627.6406		Nurse Midwife	x	
§ 627.6616		Ambulatory Surgical Center	x	
§ 627.668	Mental Illness			x
§ 627.669	Alcoholism			x
§ 627.669	Drug Dependency			x
Georgia (Ga. Code)				
§ 33-24-27		Psychologist	x	
§ 33-24-27		Chiropractor	x	
§ 33-24-27.1		Optometrist	x	
§ 33-24-28.1	Mental Illness			x
§ 33-24-28.2	Outpatient Surgery			x
§ 33-24-28.2	Emergency			x
Hawaii (Hawaii Rev. Stat.)				
§ 431-450		Optometrist	x	
§ 431-499		Dentist	x	
Idaho (Idaho Code)				
§ 41-2103		Podiatrist	x	
§ 41-2103		Optometrist	x	
§ 41-2140	Pregnancy Complications		x	

Statutory Citation	*Type of Treatment*	*Type of Provider*	*Must Be Included*	*Must Be Offered*
Illinois (Ill. Ann. Stat. Ins. Code (Smith-Hurd))				
§ 356g	Mastectomy		x	
§ 364		Dentist	x	
§ 364.1		Optometrist		x
§ 367	Alcoholism		x	
§ 367	Rape		x	
§ 367c		Psychiatric Hospital	x	
§ 367d		Rehabilitation Hospital	x	
§ 370b		Osteopath	x	
§ 370b		Chiropractor	x	
§ 370c	Mental Illness			x
§ 370c		Psychologist	x	
Indiana (Ind. Code Ann. (Burns))				
§ 27-8-6-1		Dentist	x	
§ 27-8-6-1		Podiatrist	x	
§ 27-8-6-1		Osteopath	x	
§ 27-8-6-1		Optometrist	x	
§ 27-8-6-1		Chiropractor	x	
Kansas (Kan. Stat. Ann.)				
§ 40-2,100		Optometrist	x	
§ 40-2,100		Dentist	x	
§ 40-2,100		Podiatrist	x	
§ 40-2,104		Psychologist	x	
§ 40-2,105	Alcoholism			x
§ 40-2,105	Drug Abuse			x
§ 40-2,105	Mental Illness			x
§ 40-2,114		Social Worker		x
Kentucky (Ky. Rev. Stat.)				
§ 304.18-033	Newborn Nursey Care			x
§ 304.18-035		Ambulatory Surgical Center	x	
§ 304.18-037	Home Health Care			x
§ 304.18-095		Optometrist	x	
§ 304.18-095		Osteopath	x	

Statutory Citation	*Type of Treatment*	*Type of Provider*	*Must Be Included*	*Be Offered*
§ 304.18-095		Chiropractor		x
§ 304.18-097		Dentist	x	
Louisana (La. Rev. Stat. Ann. (West))				
§ 22:213.1		Dentist	x	
§ 22:215.5	Alcoholism			x
§ 22:215.5	Drug Abuse			x
§ 22:662		Podiatrist	x	
§ 22:664		Optometrist	x	
§ 22:665		Psychologist	x	
§ 22:668		Chiropractor	x	
§ 22:669	Mental Illness			x
§ 22:669		Social Worker	x	
Maine (Me. Rev. Stat. Ann.)				
24-A § 2744		Psychologist	x	
24-A § 2744		Social Worker	x	
24-A § 2744		Psychiatric Nurse	x	
24-A § 2840		Chiropractor		x
24-A § 2841		Optometrist		x
24-A § 2842	Alcoholism		x	
24-A § 2842	Drug Abuse		x	
Maryland (Md. Ann. Code Art. 48A)				
§ 470J	Home Health Care		x	
§ 477E	Mental Illness		x	
§ 477M	Short-Term Psychiatric Treatment			x
§ 477-O		Social Worker	x	
§ 477F	Optometrist		x	
§ 477S	Drug Abuse			x
§ 477T		Nurse-Practitioner	x	
§ 477W	Hospice Care			x
§ 477X	Birth Defects		x	
§ 489		Chiropractor	x	
§ 490A		Psychologist	x	
§ 490		Podiatrist	x	
§ 490A-1		Dentist	x	

Statutory Citation	*Type of Treatment*	*Type of Provider*	*Must Be Included*	*Must Be Offered*
§ 490A-2		Nurse Midwife		x
§ 490F	Alcoholism			x
Massachusetts (Mass. Gen. Laws. Ann. Ch. 175 (West))				
§ 47B	Mental Illness			x
§ 108B		Dentist		x
§ 110		Optometrist		x
§ 110	Alcoholism			x
§ 110		Podiatrist		x
Michigan (Mich. Comp. Laws Ann.)				
§ 500.2243		Optometrist		x
§ 500.2239		Dentist		x
§ 500.3406a	Mastectomy			x
§ 500.3425	Alcoholism			x
§ 500.3425	Drug Abuse			x
§ 500.3475		Psychologist		x
§ 500.3475		Chiropractor		x
§ 500.3475		Podiatrist		x
Minnesota (Minn. Stat. Ann. (West))				
§ 62A.15		Optometrist		x
§ 62A.15		Chiropractor		x
§ 62A.15		Registered Nurse		x
§ 62A.25	Reconstructive Surgery			x
§ 62A.043		Dentist		x
§ 62A.043		Podiatrist		x
§ 62A.149	Alcoholism			x
§ 62A.149	Drug Abuse			x
§ 62A.152	Ambulatory Mental Health Care			x
§ 62A.152		Psychologist		x
§ 62A.153		Freestanding Ambulatory Surgical Center		x
Mississippi (Miss. Code Ann.)				
§ 83-9-27	Alcoholism			x
§ 83-41-203		Optometrist		x
§ 83-41-209		Dentist		x
§ 83-41-211		Psychologist		x

Statutory Citation	*Type of Treatment*	*Type of Provider*	*Must Be Included*	*Be Offered*
§ 83-41-213		Nurse Practitioner	x	
§ 83-41-215		Chiropractor	x	
Missouri (Mo. Ann. Stat. (Vernon))				
§ 375.936		Optometrist	x	
§ 375.936		Chiropractor	x	
§ 375.936		Dentist	x	
§ 375.936		Psychologist	x	
§ 375.936		Pharmacist	x	
§ 375.936		Podiatrist	x	
§ 376.381	Mental Illness			x
§ 376.779	Alcoholism		x	
§ 376.779	Drug			x
Montana (Mont. Code Ann.)				
§ 33-22-111		Dentist	x	
§ 33-22-111		Osteopath	x	
§ 33-22-111		Chiropractor	x	
§ 33-22-111		Optometrist	x	
§ 33-22-111		Chiropodist	x	
§ 33-22-111		Psychologist	x	
§ 33-22-111		Nurse Specialist	x	
§ 33-22-111		Pharmacist	x	
§ 33-22-703	Mental Illness		x	
§ 33-22-703	Alcoholism		x	
§ 33-22-703	Drug Addiction		x	
§ 33-22-1002	Home Health Care			x
Nebraska (Neb. Nev. Stat.)				
§ 44-513		Osteopath	x	
§ 44-513		Chiropractor	x	
§ 44-513		Optometrist	x	
§ 44-513		Psychologist	x	
§ 44-513		Dentist	x	
§ 44-513		Podiatrist	x	
Nevada				
§ 689B.30	Home Health Care		x	
§ 689B.30		Hospice	x	
§ 689B.36	Alcoholism		x	

Statutory Citation	*Type of Treatment*	*Type of Provider*	*Must Be Included*	*Must Be Offered*
§ 689B.36	Drug Abuse		x	
§ 689B.0375	Mastectomy		x	
§ 689B.038		Psychologist	x	
§ 689B.039		Chiropractor	x	
New Hampshire (N.H. Rev. Stat. Ann.)				
§ 415:18A	Mental Illness		x	
New Jersey (N.J. Stat. Ann. (West))				
§ 17B:27-46.1	Alcoholism		x	
§ 17B:27-46.1a	Mastectomy		x	
§ 17B:27-50		Psychologist	x	
§ 17B:27-51		Optometrist	x	
§ 17B:27-51.1		Chiropractor	x	
§ 17B:27-51.4	Home Health Care		x	
§ 17B:27-51.8		Dentist	x	
New Mexico (N.M. Stat. Ann.)				
§ 59-18-19		Optometrist	x	
§ 59-18-19		Psychologist	x	
§ 59-18-19		Podiatrist	x	
§ 59-18-19		Nurse Midwife	x	
§ 59-18-23	Home Health Care			x
§ 59-18-24	Alcoholism			x
New York (N.Y. Ins. Law (McKinney))				
§ 162	Emergency		x	
§ 162	Nursing Home Care			x
§ 162	Ambulatory Care			x
§ 162		Social Worker		x
§ 162	Mental Illness			x
§ 162	Alcoholism		x	
§ 162a		Nurse Midwife	x	
§ 221		Podiatrist	x	
§ 221		Optometrist	x	
§ 221		Dentist	x	
§ 221		Psychologist	x	
§ 221		Chiropractor	x	

Statutory Citation	*Type of Treatment*	*Type of Provider*	*Must Be Included*	*Be Offered*
North Carolina (N.C. Gen. Stat.)				
§ 58-260		Optometrist	x	
§ 58-260		Podiatrist	x	
§ 58-260		Dentist	x	
§ 58-260		Chiropractor	x	
§ 58-260		Psychologist	x	
North Dakota (N.D. Cent. Code Ann.)				
§ 26-03.1-04.1		Chiropractor		x
§ 26-39-03	Mental Illness		x	
§ 26-39-03	Alcoholism		x	
§ 26-39-03	Drug Addiction		x	
Ohio (Ohio Rev. Code Ann. (Baldwin))				
§ 3923.23		Osteopath	x	
§ 3923.23		Optometrist	x	
§ 3923.23		Chiropractor	x	
§ 3923.23		Podiatrist	x	
§ 3923.231	Psychologist		x	
§ 3923.232	Dentist		x	
§ 3923.25	Outpatient Kidney Dialysis		x	
§ 3923.28	Outpatient Mental Illness		x	
§ 3923.29	Alcoholism		x	
Oklahoma (Okla. Stat. Titl. 36)				
§ 3634		Podiatrist	x	
§ 3634		Psychologist	x	
§ 3634		Social Worker	x	
Oregon (Or. Rev. Stat.)				
§ 743.117		Optometrist	x	
§ 743.119	Birth Defects		x	
§ 743.123		Psychologist	x	
§ 743.128		Nurse Practitioner	x	
§ 743.132		Denturist	x	
§ 743.135		Social Worker	x	
§ 743.557	Alcoholism		x	
§ 743.557	Drug Abuse		x	
§ 743.558	Mental Illness		x	

Statutory Citation	*Type of Treatment*	*Type of Provider*	*Must Be Included*	*Offered*
Pennsylvania (Pa. Stat. Ann. Tit. 40 (Purdon))				
§ 1511		Osteopath	x	
§ 1511		Dentist	x	
§ 1511		Chiropractor	x	
§ 1511		Podiatrist	x	
§ 1511		Physical Therapist	x	
Rhode Island (R. I. Gen. Laws)				
§ 27-18-25		Chiropractor	x	
§ 27-18-25		Osteopath	x	
§ 27-38-1	Alcoholism		x	
South Carolina (S.C. Code Ann.)				
§ 38-35-90		Podiatrist	x	
§ 38-35-90		Oral Surgeon	x	
§ 38-35-445		Chiropractor		x
South Dakota (S.D. Codified Laws Ann.)				
§ 58.18-7.1	Alcoholism			x
§ 58-17-53		Optometrist	x	
§ 58-17-54		Dentist	x	
§ 58-17-54		Osteopath	x	
§ 58-17-54		Chiropractor	x	
§ 58-17-54		Podiatrist	x	
Tennessee (Tenn. Code Ann.)				
§ 56-7-108		Optometrist	x	
§ 56-7-108		Psychologist	x	
§ 56-7-108		Podiatrist	x	
§ 56-7-116		Chiropractor	x	
§ 56-7-1002		Dentist	x	
§ 56-7-1003	Mental Illness			x
§ 56-7-1003	Alcoholism			x
§ 56-7-1003	Drug Dependence			x
Texas (Tex. Ins. Code Ann. (Vernon))				
§ 3.70-2	Psychiatric Day Treatment			x
§ 3.70-2	Speech and Hearing Impairment			x
§ 21.35A		Psychologist	x	

Statutory Citation	*Type of Treatment*	*Type of Provider*	*Must Be Included*	*Be Offered*
§ 21.52		Podiatrist	x	
§ 21.52		Dentist	x	
§ 21.52		Chiropractor	x	
§ 21.52		Optometrist	x	
§ 21.52		Audiologist	x	
§ 21.52		Speech-Language Pathologist	x	
Utah (Utah Code Ann.)				
§ 31-20-2	Alcoholism			x
§ 31-20-3		Optometrist	x	
Vermont (Vt. Stat. Ann. Tit. 8)				
§ 4089	Mental Illness			x
§ 4096	Home Health Care			x
Virginia (Va. Code)				
§ 38.1-347.1		Chiropractor	x	
§ 38.1-347.1		Optometrist	x	
§ 38.1-347.1		Optician	x	
§ 38.1-347.1		Psychologist	x	
§ 38.1-347.1		Social Worker		x
§ 38.1-347.1		Podiatrist	x	
§ 38.1-347.1		Chiropodist	x	
§ 38.1-348.5		Dentist	x	
§ 38.1-348.7	Mental Illness		x	
§ 38.1-348.8	Alcoholism			x
§ 38.1-348.8	Drug Addiction			x
§ 38.1-348.13	Rape		x	
Washington (Wash. Rev. Code Ann.)				
§ 48.20.390		Podiatrist	x	
§ 48.20.395	Mastectomy		x	
§ 48.20.410		Optometrist	x	
§ 48.20.411		Registered Nurse	x	
§ 48.20.412		Chiropractor	x	
§ 48.20.414		Psychologist	x	
§ 48.20.416		Dentist	x	
§ 48.21.180	Alcholism		x	

Statutory Citation	*Type of Treatment*	*Type of Provider*	*Must Be Included*	*Be Offered*
West Virginia (W. Va. Code)				
§ 33-6-30		Dentist	x	
§ 33-6-30		Podiatrist	x	
§ 33-6-30		Chiropractor	x	
§ 33-6-30		Optometrist	x	
§ 33-16-3a	Mental Illness			x
§ 33-16-3b	Home Health Care			x
§ 33-16-3c	Alcoholism			x
§ 33-16-3e		Registered Nurse	x	
§ 33-16-3e		Nurse Midwife	x	
Wisconsin (Wis. Stat. Ann. (West))				
§ 628.33		Chiropractor	x	
§ 632.87		Optometrist	x	
§ 632.89	Alcoholism		x	
§ 632.89	Mental Illness		x	
§ 632.89	Drug Abuse		x	
§ 632.895	Home Health Care		x	
§ 632.895	Skilled Nursing		x	
§ 632.895	Kidney Disease Treatment		x	
Wyoming (Wyo. Stat.)				
§ 26-13-109		Dentist	x	